

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

| PLACE OF BIRTH                                     |                                   |     |                                   | MICHIGAN DEPARTMENT OF HEALTH   |  |                      |         |
|--|-----------------------------------|-----|-----------------------------------|---|--|----------------------|---------|
| County of <u>Eaton</u>                             |                                   |     |                                   | Division of Vital Statistics.   |  |                      |         |
| Township of .....                                  |                                   |     |                                   | RECORD OF BIRTH   |  |                      |         |
| Village of <u>Vernonville</u> (No. ....)           |                                   |     |                                   | Registered No. <u>7</u>   |  |                      |         |
| City of .....                                      |                                   |     |                                   | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) |  |                      |         |
| FULL NAME OF CHILD <u>Glyde Elder Banner</u>       |                                   |     |                                   | If child is not yet named, make supplemental report, as directed.                                     |  |                      |         |
| Sex of child <u>Male</u>                           | Twin, triplet, or other? <u>1</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>yes</u>  | Date of Birth <u>6 - 10</u> , 19 <u>37</u> | (Month) (Day) (Year) |         |
| Full Name FATHER <u>Glyde E. Banner</u>            |                                   |     |                                   | Full Maiden Name MOTHER <u>Amy Howard</u>   |  |                      |         |
| Residence (P. O. Address) <u>Battle Creek Mich</u> |                                   |     |                                   | Residence (P. O. Address) <u>Same</u>   |  |                      |         |
| Color or Race <u>white</u>                         | Age at Last Birthday <u>21</u>    |     | Color or Race <u>white</u>        |   | Age at Last Birthday <u>21</u>             |                      | (Years) |
| Birthplace <u>Massena</u>                          |                                   |     |                                   | Birthplace <u>Mich</u>  |  |                      |         |
| Occupation (And Industry) <u>Mechanic</u>          |                                   |     |                                   | Occupation (And Industry) <u>House wife</u>   |  |                      |         |
| Number of child of this mother <u>1</u>            |                                   |     |                                   | Number of children, of this mother, now living .....  |  |                      |         |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 4 9 M. on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? .....

Given or christian name added from a supplemental report.....19.....

(Signature) E. L. O. M. S. LanghlinDated 6-22 1937

(Attending physician, midwife, father, etc.)

Address VernonvilleFiled 6-27 1937

Registrar.